

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-575)

SERIAL NO.

U/526729

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.		↓	8	↓		↓
TOTAL DEF.	←	19	←		←	
TOTAL CLAIMS		16				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEF.	←		←		←	
TOTAL CLAIMS						